

AO 240 (DELAWARE REV 7/00)

**UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARE**

*James R.ley*  
Plaintiff

*Stanley Taylor, et al.,*  
V.  
Defendant(s)

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

CASE NUMBER: *06 - 1*

I, *James R.ley* declare that I am the (check appropriate box)  
☒ **Petitioner/Plaintiff/Movant** ☐ **Other** in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

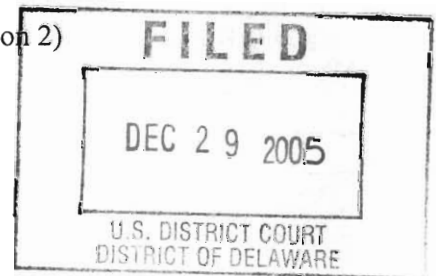
In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration

*Delaware Correctional Center*  
Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No



Have the institution fill out the certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past SIX months' transactions. Ledger sheets are not required for cases filed pursuant to 28:USC §2254.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer. *N/A*

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. *N/A*

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |   |
|---|---|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive. *N/A*

4. Do you have any cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes" state the total amount \$ n/a

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes" describe the property and state its value.

n/a

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

n/a

I declare under penalty of perjury that the above information is true and correct.

Date: 11/27/05

Signature of Applicant

James Riley

CERTIFICATE

(Incarcerated applicants only)

*(To be completed by the institution of incarceration)*

I certify that the applicant named herein has the sum of \$ (-14.87) on account his/her credit at (name of institution) Delaware Correctional Center.

I further certify that the applicant has the following securities to his/her credit: medical hold of ~~1577~~ \$114.52.

I further certify that during the past six months the applicant's average monthly balance was \$ (-14.87) and the average monthly deposits were \$ 0.

12/7/05

Date

Stacy Shane

Signature of Authorized Officer

*(NOTE THE REQUIREMENT IN ITEM 1 FOR THE INMATE TO OBTAIN AND ATTACH LEDGER SHEETS OF ACCOUNT TRANSACTIONS OVER THE PAST SIX MONTH PERIOD. LEDGER SHEETS ARE NOT REQUIRED FOR CASES FILED PURSUANT TO 28:USC §2254)*

RECEIVED-D.C.C.  
DEC 07 2005  
SUPPORT SERVICES MANAGER